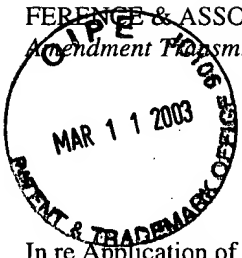


FERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. YO-999-567
(590.003)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Dono et al.
Serial No. : 09/503,067 Examiner : E. Chang
Filed : February 12, 2000 Group Art Unit : 2185
For : METHODS AND APPARATUS FOR SELF DESCRIBING DEVICES

HON. COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

RECEIVED

MAR 18 2003

Sir:

Technology Center 2100

Transmitted herewith is an Amendment in the above-identified application.

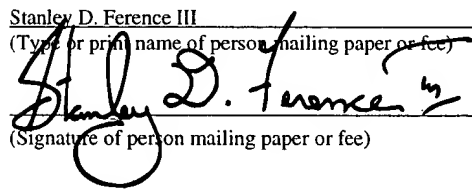
1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMITTAL UNDER 37 CFR § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on February 28, 2003 with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231.

Stanley D. Ference III

(Type or print name of person mailing paper or fee)


(Signature of person mailing paper or fee)

ERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. YO-999-567
(590.003)

5. ☒ Also enclosed: Change of Correspondence Address
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY				OTHER THAN A SMALL ENTITY	
				RATE	FEE			RATE	FEE
Total Claims	30	** 32	= * 0	x \$9	=	O	x	\$18	=
Ind. Claims	4	*** 4	= * 0	x \$42	=	O	x	\$84	=
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$140	=	O	+	\$280	=
				TOTAL	= \$	O		TOTAL	= \$
						R			

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510. A duplicate copy of this communication is attached.

Respectfully submitted,

ERENCE & ASSOCIATES

By

Stanley D. Ference III
Reg. No. 33,879

Dated: February 28, 2003

Mailing Address:

ERENCE & ASSOCIATES
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Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile